

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 12, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97545-WH and 97546-WH for dates of service 09/18/02 through 09/26/02.

II. RATIONALE

EOB's were not submitted by either party; therefore, the disputed dates of service will be reviewed according to the 1996 Medical Fee Guideline.

- CPT code 97545-WH for dates of service 9/18/02 through 9/26/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(E) SOAP notes support the delivery of services. Reimbursement in the amount of \$307.20 (\$51.20 (non-CARF rate (\$64.00 x 20%)) x 6) is recommended.
- CPT code 97546-WH for dates of service 9/18/02 through 9/26/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(E) SOAP notes support the delivery of services. Reimbursement in the amount of \$870.40 (\$51.20 (non-CARF rate (\$64.00 x 20%)) x 17) is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 97545-WH and 97546-WH in the amount of \$1,177.60. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,177.60** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf